

GLAUCOMA.

CAUSED

BY MENTAL WORRY.

ILLUSTRATED BY THE REPORT OF A CASE.

BY

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LEARTUS CONNOR, A. M., M. D.,
DETROIT.

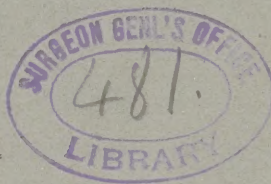
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GLAUCOMA, CAUSED BY MENTAL WORRY.

THERE are few diseases of more intense interest to the physician or patient than glaucoma. Anterior to the time of Graefe, all cases terminated in the same tragic manner, absolute blindness. Since the introduction of the operation by that marvelous genius for its relief, most cases that have been subjected to an iridectomy at the proper time have been saved to useful vision.

There are, however, still a thousand unanswered questions pertaining to this strange affection. Its causation, its pathology, are full of grave difficulties. No doubt we shall find ultimately that it consists of a variety of affections having certain common symptoms, and relieved by common methods.

The following case, illustrating the relation of mental worry to the development of glaucoma, is deemed of sufficient importance to place on record:

On March 29, 1880, Dr. Ira W. Fletcher, of Wayne, Michigan, brought to my office a young boy suffering from an injury to his left eye, caused by the explosion of a gun cap. The fragment had penetrated the eye at the sclero-corneal junction, a little above the lower border of the upper and outer segment of the anterior portion of the eyeball. The wound involved not only the cornea and sclerotic at the sclero-corneal junction, but the iris, lens, and ciliary body. The iris protruded through the external wound, making the entire iris tense, and drawing the pupil toward the injured side. The lens was opaque as far as could be seen. The eye was tender to the touch, very red at the sclero-corneal junction, and retained only a mere perception of light.

To relieve the traction of the incarcerated iris, the boy was placed under ether by Dr. Fletcher, and the portion within and external to the wound removed. Atropia was now regularly instilled in the

eye, and a compress bandage applied. Hot water was regularly applied, locally, to the eye, and the general health of the boy carefully looked after. The eye gradually improved, in so far as the pain and inflammatory symptoms were concerned. While to date of writing no unpleasant symptoms have occurred, I am told that the eyeball has undergone atrophy, showing that the primary injury was fatal to the life of the eye.

As to the whereabouts of the foreign body, I am unable to say whether it is in the eye or out of it. It is proper to state that I did not see the eye until several days after the injury, after the ocular media had become so opaque as to preclude the possibility of an examination of the fundus of the eye by an ophthalmoscope. If the gun cap be still within the eye, it must have become encapsulated, or at least so located as to avoid irritation of the vascular or nerve structures of the eye.

I have thus far sketched this case in order to show its relation to the development of a glaucomatous attack in the father's left eye. The boy was the only child in the family. His father, Mr. O. S., accompanied him to town and took care of him at the hotel. Mr. S. is a man of more than average intelligence, a farmer, white, and about forty-five years old. He was greatly alarmed about the injury to his boy's eye. He said little, but evidently thought and cared much.

On the morning of the third of April, five days after he came to town, he complained of a slight discomfort in his left eye. A careful examination revealed nothing farther than a slight congestion of all the structures of the eyeball, and conjunctiva. He was given a cathartic, a soothing eye lotion, his eye protected from light, and small doses of quinine administered.

On the following day the eye was much worse; the patient said that he had slept but little on account of the intense pain in and about his left eye. On examination I found the pupil dilated and very sluggish, the tension of the eyeball great, T plus 2, the field of vision greatly contracted, the cornea less sensitive than normal, the anterior ciliary arteries and veins enlarged, the fundus oculi, including the optic papilla, as red as blood could make it, and the retinal veins pulsating. I saw immediately that I had a case of acute inflammatory glaucoma to deal with. So severe were the

symptoms, that they closely simulated general inflammation of the eyeball.

At once the artificial leech was applied to the left temple and several ounces of blood removed. This lowered the tension and relieved the pain somewhat. As the cathartic given the previous day had acted freely, it seemed impracticable to seek farther aid by means of cathartics. I at once commenced the use of eserine sulphate, grs. viii to the ounce of water, two drops every hour. Morphine was given as needed for the relief of pain. Next morning the patient was more comfortable, the tension of the eyeball not having increased to its condition anterior to the local abstraction of blood. But in all other respects the eye was worse. The refracting media of the eye had become so hazy, that the fundus oculi could be seen with difficulty.

An iridectomy was now proposed to the patient as the only hope of saving useful vision, but the proposal was emphatically rejected. The artificial leech was used until the abstraction of blood had considerably reduced the intra-ocular pressure. Eserine was continued as before. The same treatment was continued on the following day, but the relief afforded was far less. Dr. J. F. Noyes now kindly saw him with me, and agreed as to the diagnosis and treatment. He also urged an iridectomy, but the patient still refused. It was not until six days after the first symptoms that he yielded. Nor would he have done so then, had he not become convinced that in no other way could he obtain relief from the fearful pain he was suffering.

Vision was now reduced to a mere perception of light, the media very cloudy, the pupil widely dilated, the iris forming a slender ring close to the edge of the cornea, and almost in contact with its posterior surface, the anterior chamber being almost obliterated.

Assisted by Drs. Noyes, Fletcher and Kniickerbocker, I removed a third of the iris through a corneal wound made as for a Graefe's cataract extraction upwards. A narrow cataract knife was employed on account of the extreme shallowness of the anterior chamber, and on account of my desire to make as large a corneal wound as possible. The aqueous humor was quite straw colored as it escaped during the corneal incision, showing that the operation had been delayed longer than was wise.

On recovering from the anæsthetic the pain had entirely disappeared, never to return, at least not to date of writing. By April 17, the wound had entirely healed, vision greatly improved, and the patient returned to his home. On November 20, 1880, I found the vision equal in the two eyes. There was a slight degree of astigmatism, but not sufficient to interfere with a very considerable use of the eyes, without discomfort or pain. I am inclined to think that the astigmatism existed previous to the operation, as the sound eye was affected in a similar manner.

From the recorded cases illustrating the relations of mental states to the production of glaucoma, we quote the following: Dr. P. Smith (Glaucoma, p. 15) says: "An elderly lady, passionately addicted to card playing, and unable to bear a losing game with equanimity, was seized, after playing for heavy stakes and losing, by acute glaucoma in one eye. Under stringent warnings, she forsook for a time her favorite pastime, but yielding after a while to the temptation, she played again, lost heavily, became intensely excited, and paid the penalty in a few hours of a blinding attack in the second eye."

The points of especial interest in this case are:

1—The evident cause of the glaucomatous attack, viz., the extreme anxiety of the father for the safety of his boy's wounded eye. It is a little singular that the left eye of both father and son should be affected. Was it the constant thought of the father concerning the injured left eye of his boy that induced the attack? or was it simply a coincidence?

2—The little effect of the eserine solution upon the progress of the disease, although it was employed freely both before and after the operation.

3—The effects of the iridectomy fully sustained its well known reputation for the cure of glaucoma. Its influence in relieving pain astonished even the patient himself.

